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# Healthy Behaviors

## Overview

Twenty years ago, when the field of substance abuse prevention was in its infancy, little was known about what worked to help keep young people from using alcohol, tobacco and other drugs. Many programs and strategies which were enthusiastically adopted by well-meaning individuals and agencies failed to produce the hoped-for results. For example, early efforts employing scare tactics and information-only approaches proved to be unsuccessful. These ineffective approaches have been replaced by strategies-based, solid, scientific research. The following focuses on information, statistics, programs, and the resources used to prevent the use and abuse of tobacco, alcohol and other drugs (legal and illegal) in Utah.

## Policy

- Policy requires annual tobacco & alcohol training for store clerks & owners
- Ordinance prohibits tobacco & alcohol sponsorships for government events or activities
- Ordinance prohibits sales of alcohol & tobacco to minors by sales clerks or owners
- Ordinance prohibits smoking in outdoor recreation facilities

## Infrastructure

- Community-wide coalition meets to assess & confront substance abuse problems
- Existence of hotline & referral resource for substance abuse urgent calls
- Community participation in Coalition for a Tobacco-Free Utah
- Posted Drug-Free Zones designated near schools & parks
- Increase compliance with Utah Indoor Clean Air Act—25 ft. rule

## Outcomes

- Increase or maintain number of stores not selling alcohol or tobacco during compliance

checks

- Increase use of substance abuse hotline calls
- Increase in number of smoke-free outdoor recreation facilities
- Increase utilization of alcohol & tobacco treatment & prevention services

## Events/Ideas

- Publish # of violators of underage alcohol sales
- Publish # of violators of underage tobacco sales
- Publish # of stores not selling tobacco during compliance checks
- Publish # of stores not selling alcohol during compliance checks
- Rewards to residents quitting alcohol or tobacco use
- Advocacy training for interested residents to learn how to initiate policy change

## Tobacco Coalitions/Contacts

Agency	Position	Contact Name	Phone
Coalition for a Tobacco-Free Utah	Co-Chair	Kim Parker	(801) 782-3463

### Tobacco Resources

Utah Tobacco Quit Line, (888) 567-TRUTH (8788)

### Tobacco-Free Resource Line

Tobacco Prevention and Control Program, Utah Department of Health, (877) 220-3466

## Tobacco Web Sites

Name of Web Site	Web Site Address
Reporting Utah Indoor Clean Air Act Violations	<a href="http://www.tobaccofreeutah.org/violationsuicaa.html">www.tobaccofreeutah.org/violationsuicaa.html</a>
Sample Local Ordinances	<a href="http://www.njgasp.org/d4c_use.htm">www.njgasp.org/d4c_use.htm</a>
Second Hand Smoke Amendments	<a href="http://www.tobaccofreeutah.org/sechndsmokeam.html">www.tobaccofreeutah.org/sechndsmokeam.html</a>
Summary of Utah's Tobacco Laws	<a href="http://www.tobaccofreeutah.org/laws-glance.html">www.tobaccofreeutah.org/laws-glance.html</a>
Tobacco Compliance Check Lead Contacts by County	<a href="http://www.tobaccofreeutah.org/localtfu.html">www.tobaccofreeutah.org/localtfu.html</a>
Tobacco Retailer Guide	<a href="http://www.tobaccofreeutah.org/retedguide.html">www.tobaccofreeutah.org/retedguide.html</a>
The Utah Indoor Clean Air Act Business Guide	<a href="http://www.tobaccofreeutah.org/uicaa-busguide.htm">www.tobaccofreeutah.org/uicaa-busguide.htm</a>
Utah Tobacco Cessation Resource Directory internet.htm	<a href="http://www.tobaccofreeutah.org/utah_tobacco_cessation_resource_directory-internet.htm">www.tobaccofreeutah.org/ utah_tobacco_cessation_resource_directory- internet.htm</a>
Utah QuitNet	<a href="http://www.utahquitnet.com">www.utahquitnet.com</a>
Utah Indoor Clean Air Act – Statute	<a href="http://www.tobaccofreeutah.org/uicaa-statute.html">www.tobaccofreeutah.org/uicaa-statute.html</a>
Utah Indoor Clean Air Act – Rule	<a href="http://www.tobaccofreeutah.org/r392-510.htm">www.tobaccofreeutah.org/r392-510.htm</a>

**Utah Quit Line facts****Telephone number:**

(888) 567-TRUTH

(888) 567-8788

TTY: 1-(877) 777-6534

**Spanish:**

(877) 2NO-FUME

(877) 266-3863

**Hours of operation:**

Monday -Thursday: 6 a.m. to 10 p.m.

Friday: 6 a.m. to 8 p.m.

Saturday: 7 a.m. to 6 p.m.

Sunday: 7 a.m. to 6 p.m.

**Target population**

Teen and adult tobacco users in Utah.

**Intervention descriptions**

Callers to the Quit Line are eligible for one or more of the levels of service described below. Eligibility for adults is determined by the caller's insurance coverage, readiness to quit and caller's preference. Eligibility for teen callers is determined by the caller's readiness to quit and preference.

**Level 1: Information and referral**

For callers not interested in quitting, or those looking for referral information only, resources and materials will be provided. A comprehensive database allows for callers to be referred directly to local cessation programs.

All callers are offered a free Quit Kit with cessation information. The kit also includes a packet filled with items that can be used in lieu of tobacco, e.g., a worry stone, straw, etc.

**Level 2: Brief intervention and counseling**

Callers who are not yet ready to quit will speak with a trained Cessation Specialist for

up to 15 minutes. The Specialist will help the caller explore reasons for quitting and steps to take toward a successful quit attempt.

**Level 3: Single in-depth intake and counseling**

Callers who are ready to quit may speak with a trained Cessation Specialist for up to 40 minutes. The Specialist will explore the caller's pattern of tobacco use, barriers to successfully quitting, and strengths that would contribute to a successful quit attempt.

Callers interested in additional follow-up beyond the single call intervention will have the option of enrolling in the Quit Line's intensive telephone-based program or in a locally based cessation program of the caller's choice.

Callers not interested in additional follow-up will be encouraged to call the Quit Line again, visit [utahquitnet.com](http://utahquitnet.com) and will receive information by mail.

**Level 4: Intensive cessation program**

Callers interested in receiving follow-up services can enroll in the Quit Line's intensive telephone-based program. They will receive a series of four calls over a three to four month period with the timing of the calls dependent upon the teen's quit date and availability. A Cessation Specialist will provide a focused, purposeful intervention designed to enhance motivation and to facilitate behavior change.

Adults enrolled in intensive services may be eligible for nicotine replacement therapy through the quit line.

Teens receive participation incentives upon completion of call three and after completion of the intensive program.

For Contacts at Local Health Departments—refer to the General Section.

## History of QuitNet



Operational since 1995, QuitNet is host to the world's largest community of smokers and ex-smokers helping each other quit. QuitNet is based on up-to-date scientific research including the most recent US Surgeon General guidelines. QuitNet's service model is based on "stages of change" and contingency management theories, and the clinical literature showing the effectiveness of combined therapy of counseling, intensive support and pharmaceuticals in quitting smoking.

Utah QuitNet has a simple, but important mission: to help people in Utah quit using tobacco.

On average, a support message is posted every minute of every day.

Text for this fact sheet was provided by QuitNet.

### Services Available

**My Quit:** Personal Quitting Plan

**A Road Map for Each User:** Each time a user logs into Utah QuitNet, his/her starting point is a personalized "My Quit" page. This page summarizes site features s/he has used, makes suggestions as to what his/her next steps should be, and presents the user with links to quitting information matching his/her stage of readiness and a variety of other self-assessment summaries and tools.

### Community Support Day and Night:

QuitNet is home to the world's largest online community of smokers and ex-smokers helping each other to quit and stay quit. This mutual support exists through user-defined

Clubs, threaded discussion areas called Forums, and small groups of "Buddies" who decide to support each other because of similarities in their personal profiles, quit dates or use of quitting medication.

### Resources: Tailored to Utah Users

QuitNet's Quitting Guide features an individually tailored introduction and a comprehensive guide to quitting based on using stage of change and demographic information provided by the user. Users may also search for programs in their area using their zip code.

### Expert Support: Individual Counseling

**Expert Advice:** State certified counselors are on duty 7 days a week. They provide primary treatment, much like phone counselors. Counselors staff two expert forums for general questions and another for medication-related questions. Counselors are on call to answer user questions, and other users can see the discussion. One-to-one counseling is also available to any registered user. Individual questions are typically answered within a few hours. Registrants may have up to 14 individual counseling exchanges per year. One-to-one counseling is available in Spanish. The Utah QuitNet partnership provides this service at no cost to Utah residents.

**Frequently Asked Questions:** Users can search over 350 frequently asked questions and answers. These valuable snippets of content are all subject and stage of change coded, so that they can be displayed to users when they most need to read them.

**Self-Assessment Tools:** Utah QuitNet provides protocol-based questionnaires that enable a smoker to assess his/her readiness to quit, level of addiction and stage of quitting. The user's answers trigger personalized responses and suggestions from the system. **Personalized Email Support:** Users who have quit or who have set a quit date may elect to

receive tailored Quit Tips and Anniversary Messages via email. Utah QuitNet's Quit Tips email service is delivered over a six-month time period. The emails include the user's quitting statistics (quit date, money and lifetime saved, site usage), quitting advice and information based on the user's stage of change, an NRT tip and coupon based on the user's reported medication use, QuitNet community management tools, and tobacco news. Anniversary messages are delivered over an 18-month period and celebrate all milestones.

**Quit Med Support:** Counseling, Facts & Discounted NRT

**Medication Guide:** QuitNet's easy-to-read guide helps users sort out the pros and cons of different options in plain English!

**Medication Wizard<sup>SM</sup>:** The Wizard helps the user determine which, if any quitting medication is best for him/her, and provides dosing and usage information.

**Discounted NRT:** A coupon delivery system delivers targeted coupons to those who select the nicotine gum, nicotine patch or nicotine lozenge in their medication plan.

**Expert Counseling:** Special support forums and one-on-one counseling services are available for those who want assistance with medication related issues.

## Utah – Tobacco Facts

Indicator	Result	Data Source
<b>SMOKING PREVALENCE – ADULTS</b>		
Current smoking <sup>1</sup> – adults	12.8%	BRFSS 2002
Current smoking <sup>1</sup> – men, age 18 and older	14.1%	BRFSS 2002
Current smoking <sup>1</sup> – women, age 18 and older	11.4%	BRFSS 2002
<b>TOBACCO USE PREVALENCE– STUDENTS</b>		
Current smoking <sup>2</sup> – students grades 9-12	8.3%	YRBS 2001
Current smoking <sup>2</sup> – male students grades 9-12	7.1%	YRBS 2001
Current smoking <sup>2</sup> – female students grades 9-12	9.6%	YRBS 2001
Current use of chewing tobacco – students grades 9-12	3.8%	YRBS 2001
<b>SMOKING – PREGNANT WOMEN</b>		
Women who smoked in the last 3 months of their pregnancy	7.3%	PRAMS 2000
<b>QUIT ATTEMPTS</b>		
Quit attempts – current daily smokers who tried to quit in the last 12 months	65.7%	BRFSS 2002
<b>SECONDHAND SMOKE</b>		
Exposure to secondhand smoke – Utah children (ages 0-17) living in homes where somebody smokes inside the home	43,500 children (6.0%)	Utah Health Status Survey 2001
<b>HEALTH AND MEDICAL COSTS</b>		
Annual deaths related to smoking (1999)	1,218	CDC State Tobacco Highlights, 2002
Smoking attributable direct medical expenditures (1998)	\$273,000,000	CDC State Tobacco Highlights, 2002
Estimated annual tobacco industry advertising and marketing expenditure in Utah	\$90.8 million	Campaign for Tobacco Free Kids, 2003

## United States – Tobacco Facts

Indicator	Result	Data Source
SMOKING PREVALENCE—ADULTS		
Current smoking1 – adults	23.0%	BRFSS 2002
Current smoking1 – men, age 18 and older	25.7%	BRFSS 2002
Current smoking1 – women, age 18 and older	20.8%	BRFSS 2002
TOBACCO USE PREVALENCE—STUDENTS		
Current smoking2 – students grades 9-12	28.5%	YRBS 2001
Current smoking2 – male students grades 9-12	29.2%	YRBS 2001
Current smoking2 – female students grades 9-12	27.7%	YRBS 2001
Current use of chewing tobacco – students grades 9-12	8.2%	YRBS 2001
QUIT ATTEMPTS		
Quit attempts – current daily smokers who tried to quit in the last 12 months	56.4%	BRFSS 2002
SECONDHAND SMOKE		
Children exposed to secondhand smoke at home	15.5 million	“State Specific Prevalence of Cigarette Smoking Among Adults, and Children’s Exposure to Environmental Tobacco Smoke—United States, 1996”. MMWR 46 (44): 1038-1043.
Adults, and Children’s		
Exposure to		
Tobacco Smoke—United		
HEALTH AND MEDICAL COSTS		
Average annual deaths related to smoking	440,000 +	CDC State Tobacco Highlights, 2002
Direct medical expenditures attributed to smoking	\$75 billion +	CDC State Tobacco Highlights, 2002
TOBACCO INDUSTRY ADVERTISING		
Estimated annual tobacco industry advertising and marketing expenditure (2001)	\$11.22 billion	Federal Trade Commission, (data released 2003)

<sup>i</sup>Current cigarette smoking (adults) = smoked 100 cigarettes or more and currently smokes every day or some days

<sup>ii</sup>Current cigarette smoking (students) = smoked cigarettes on 1 or more of the 30 days preceding the survey



SAMPLE POLICY

HEALTH REGULATION # 13

TOBACCO HANDLERS PERMITS



Adopted by the Tooele County Board of Health

May 4, 2001

Under Authority of Section 26A-1-121  
Utah Code Annotated, 1953, as amended

Certified Official Copy  
Tooele County Health Department

By  
Director



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### TOOELE COUNTY HEALTH DEPARTMENT REGULATIONS FOR TOBACCO HANDLER PERMITS

#### 1.0 PURPOSE

It is the purpose of these regulations to regulate establishments that sell tobacco in a way that will:

- 1.1 Reduce the number of youth who uses tobacco;
- 1.2 Prevent the sale of tobacco to minors under 19;
- 1.3 Educate stores and individuals who sell tobacco within Tooele County; and
- 1.4 Reduce life-threatening consequences associated with tobacco use.

#### 2.0 DEFINITIONS

As used in this regulation:

- 2.1 Department means: the Tooele County Health Department.
- 2.2 Director means: the Director of the Tooele County Health Department or an authorized representative.
- 2.3 Tobacco means: any product that consists of nicotine in the form of a cigarette, smokeless, cigar or any loose tobacco that is wrapped.
- 2.4 Retailer means: any person who sells tobacco to individuals for personal consumption, any establishment where tobacco is present and for sale, vending machines containing tobacco.
- 2.5 Employee means: any person who sells tobacco for retail.

#### 3.0 ISSUANCE OF PERMITS

- 3.1 All employees who sell tobacco at retail establishments must attend a Tobacco Handlers Class and hold a valid Tobacco Handlers Permit issued by the Department.

3.2 The Department shall issue tobacco handlers permits only to those persons who, after making proper application, successfully pass a written examination. The Department may prescribe such other requirements, as it deems necessary.

3.3 A fee, as established by the Tooele County Board of Health, shall be submitted by each applicant for a tobacco handlers permit. Any person needing to obtain a copy of a valid permit shall also submit a fee. The Department shall remit said fees to the Tooele County Clerk.

3.4 All tobacco handlers permits shall expire after a period of time as determined by the Tooele County Board of Health and must be renewed prior to expiration date by proper application to the Department. Permits may be renewed upon completion of requirements specified for issuance of a new permit, or any lesser requirements as specified by the Department.

#### 4.0 REVOCATION OF PERMIT

4.1 The Department may, after providing opportunity for hearing, revoke a permit for serious or repeated violations of any of the requirements of these rules and regulations, or for interference with the Department in the performance of duty.

4.2 Prior to revocation, the Department shall notify, in writing, the holder of the permit, or the person in charge, of the specific reason(s) for which the permit is to be revoked and that the permit shall be revoked at the end of ten days following service of such notice unless a written requests for hearing is filed with the Department within the ten day period.

#### 5.0 ENFORCEMENT

5.1 The Tooele County Health Department, Community Health Division (Tobacco Prevention and Control (TPCP)), is charged with the enforcement of the provisions of these rules and regulations.

#### 6.0 RIGHT TO APPEAL

6.1 Within ten calendar days after the Department has given a notice of violation(s), any person(s) aggrieved by the notice may request in writing a hearing before the Department. The hearing shall take place within ten calendar days after the request. A written notice of the Director's final determination shall be given within, ten calendar days after adjournment of the hearing. The Director may sustain, modify, or reverse the action of the order.

#### 7.0 PENALTY

7.1 Any person who has violated any of the provisions of these rules and regulations, either by failing to do those acts required herein or by doing prohibited act, is guilty of a

class B misdemeanor pursuant to Section 26A-1-123 Utah Code 1953 as amended. If a person has been found guilty of a similar violation within two years, he is guilty of a class A misdemeanor pursuant to Section 26A-1-123 Utah Code 1953 as amended.

- 7.2 Each day such violation is committed or permitted to continue shall constitute a separate violation.
- 7.3 The county attorney may initiate legal action, civil or criminal, requested by the Department to abate any condition that exists in violation of these rules and regulations.
- 7.4 In addition to other penalties imposed by a court of competent jurisdiction, any person found guilty of violating any of these rules and regulations shall be liable for all expenses incurred by the Department.

#### 8.0 SEVERABILITY

- 8.1 If any provisions, clause, sentence, or paragraph of these rules and regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the other provisions or applications of these regulations. The valid part of any clause, sentence, or paragraph of these regulations shall be given independence from the invalid provisions or application and to this end the provisions of these regulations are hereby declared severable.

IN WITNESS WHEREOF, the Tooele County Board of Health has passed, approved and adopted this regulation this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_2001\_\_.

ATTEST:

TOOELE COUNTY BOARD OF HEALTH

\_\_\_\_\_  
MYRON E. BATEMAN  
Health Officer

\_\_\_\_\_  
KATHY TAYLOR  
Chairperson

#### Tobacco and Substance Abuse Policies:

Penalties and Fines for Store Clerks who sell tobacco to minors:

It is against the law to sell tobacco to any person under the age of 19. You could be looking at up to \$2,500 and/or jail time.

1st Offense - Class C Misdemeanor, Max 90 days in prison and/or Max \$750 fine

2nd Offense – Class B Misdemeanor, Max 6 months in prison and/or Max \$1,000 fine

3rd Offense – Class A Misdemeanor, Max 1 year in prison and/or Max \$2,500 fine

#### Penalties & Fines for Store Owners:

Penalties and fines are issued according to accumulative sales made at the same retail location within a 12-month period.

1st Violation – Max fine \$300

2nd Violation – Max fine \$750

3rd Violation – Max fine \$1,000 and suspended tobacco license for up to 30 days

4th Violation - Max fine \$1,000 and suspended tobacco license for up to 1 year

## Alcohol Laws

It is against the law to sell, furnish, or supply alcohol to:

- Any person under the age of 21
- Any person who is apparently under the influence of alcohol or drugs
- Any person buying the alcohol for a minor (second party sales)

## Unlawful sale or supply to minors (32-A-203)

- A person may not sell, offer to sell, or otherwise furnish or supply any alcoholic beverage or product to any person under the age of 21 years.
- A person who knowingly sells, offers to sell, or otherwise furnishes or supplies any alcoholic beverage or product to any person under the age of 21 years is guilty of a Class A Misdemeanor

## Unlawful sale of supply to intoxicated persons (32-A-12-204)

- A person may not sell, offer to sell, or otherwise furnish or supply any alcoholic beverage or product to any person who is apparently under the influence of intoxicating alcoholic beverages or products or drugs, or to a person whom the person furnishing the alcoholic beverage knew or should have known from the circumstances was under the influence of intoxicating alcoholic beverages or products.

## General restriction (32A-10-102)

- Item 4: A minor may not sell beer on the premises of a beer retailer for off-premise consumption except under the supervision of a person 21 years of age or older who is on the premise.

## Penalties and Fines for Selling Alcohol to a Minor

- Class A Misdemeanor
- Up to one year imprisonment
- Fine up to \$2,500

## Utah's Dram Shop Law

- Anyone who provides alcohol to a minor, to someone under the influence of alcohol or other drug, is liable for injuries or damage caused by the intoxicated person or minor. Can be ordered to pay an injured person up to one million dollars.

## Second Party Sales

- A second party sale is when an adult purchases tobacco or alcohol products for a minor. Second party sales are illegal.

## Substance Abuse - Utah Drug-Free Community Support Program Grantees

Agency	City	Contact Title	Contact Name	Phone	E-Mail Address
Kearns Coalition	Kearns	Grant Director	Stacey Hutchins	(801) 792-2550	
Millard School District	Delta		Pam Lyman	(435) 864-2000	
Murray Drug Free Community Program	Murray	Program Developmt.	Dawn Anderson Butcher	(801) 284-4253	
Murray Drug Free Community Program	Murray	Executive Director	Bob Dunn	(801) 284-4253	
University of Utah					
Neighborhood Action Coalition	Salt Lake City	Project Director	Lynne Durrant	(801) 581-8520	
Utah Council for Crime Prevention	Salt Lake City	Tibby Milne	(801) 486-8691		tibbyuacp@aol.com
The Utah Federation for Youth, Inc.	Salt Lake City	Program Director	Kari Cutler	(801) 359-1700	
West Valley City Neighbors in Action	West Valley City	Asst. Dir. Community Relations	Russ Condie	(801) 963-3247	rcondie@ci.west-valley.ut.us
Taylorsville Public Safety Committee	Taylorsville		Tony Henderson	(801) 968-7139	hendertony@cs.com
Healthy West Jordan	West Jordan		Shirley Spain	(801) 568-0191	

## Substance Abuse Prevention Coordinator's List

District	Agency	City	Contact Name	Phone
Utah County	Utah Co. Division of Human Services	Provo	Pat Bird	(801) 851-7127
Northeastern	Northeastern Counseling Center	Vernal	Paris Anderton	(435) 789-6334
Summit	Valley Mental Health	Park City	Paul Charpentier	(435) 649-8347 Ext 207
Wasatch	Heber Valley Counseling	Heber	Kathy Day	(435) 654-3003 Ext 2
Davis	Davis County Mental Health	Clearfield	Brandon Hatch	(801) 776-6303
Four Corners	Four Corners Behavior Health	Castle Dale	Emery Jones	(435) 381-2432
Bear River	Bear River Health Dept.	Logan	Jill Parker	(435) 792-6518
Weber	Weber Human Services	Ogden	Paula Price	(801) 625-3674
Central	Central Utah Counseling Center	Delta	Margaret Pruitt	(435) 864-3073
Southwest	Southwest Center	Cedar City	Allen Sain	(435) 867-7622
Salt Lake	Salt Lake County Gov't Center	Salt Lake City	Jeff Smart	(801) 468-2042
Tooele	Valley Mental Health	Tooele	Julie Spindler	(435) 843-3538
San Juan	San Juan Counseling	Blanding	Leslie Wojcik	(435) 678-2992

## Prevention Best Practices Links

Web Site Address
<a href="http://goldmine.cde.ca.gov/spbranch/safety">http://goldmine.cde.ca.gov/spbranch/safety</a>
<a href="http://www.ccapt.org/prog_search.html">www.ccapt.org/prog_search.html</a>
<a href="http://www.colorado.edu/cspv">www.colorado.edu/cspv</a>
<a href="http://www.dmhas.state.ct.us">www.dmhas.state.ct.us</a>
<a href="http://www.ed.gov/offices/oese/sdfs/programs.html">www.ed.gov/offices/oese/sdfs/programs.html</a>
<a href="http://www.jmu.edu/cisat/vepp/whatisva.html">www.jmu.edu/cisat/vepp/whatisva.html</a>
<a href="http://www.miph.org/capt/other.ssi">www.miph.org/capt/other.ssi</a>
<a href="http://www.preventiondss.org">www.preventiondss.org</a>
<a href="http://www.preventionet.com">www.preventionet.com</a>
<a href="http://www.samhsa.gov/centers/csap/modelprograms/default.htm">www.samhsa.gov/centers/csap/modelprograms/default.htm</a>
<a href="http://www.unr.edu/westcapt">www.unr.edu/westcapt</a>
<a href="http://www.whitehousedrugpolicy.gov/prevent/bestpractice.html">www.whitehousedrugpolicy.gov/prevent/bestpractice.html</a>
<a href="http://www.whitehousedrugpolicy.gov/publications/prevent/evidence_based_eng.html">www.whitehousedrugpolicy.gov/publications/prevent/evidence_based_eng.html</a>

## Substance Abuse Web Sites

Name of Web Site	Web Site Address
Center for Mental Health Services	<a href="http://mentalhealth.samhsa.gov">http://mentalhealth.samhsa.gov</a>
Center for Substance Abuse Prevention (CSAP)	<a href="http://www.samhsa.gov/centers/csap/csap.html">www.samhsa.gov/centers/csap/csap.html</a>
Center for Substance Abuse Treatment (CSAT)	<a href="http://www.samhsa.gov/centers/csat2002/csat_frame.html">www.samhsa.gov/centers/csat2002/csat_frame.html</a>
Drug Enforcement Administration	<a href="http://www.usdoj.gov/dea/index.htm">www.usdoj.gov/dea/index.htm</a>
Federation For Youth	<a href="http://www.ufyi.org">www.ufyi.org</a>
Higher Education Center for Alcohol and Other Drug Prevention	<a href="http://www.edc.org/hec">www.edc.org/hec</a>
National Institute on Drug Abuse	<a href="http://www.nida.nih.gov">www.nida.nih.gov</a>
NIAAA - National Institute on Alcohol Abuse and Alcoholism	<a href="http://www.niaaa.nih.gov">www.niaaa.nih.gov</a>
Office of Justice Programs	<a href="http://www.ojp.usdoj.gov">www.ojp.usdoj.gov</a>
Office of National Drug Control Policy	<a href="http://www.whitehouse.gov/error-404.html">www.whitehouse.gov/error-404.html</a>
Partnerships Against Violence NETwork	<a href="http://www.pavnet.org">www.pavnet.org</a>
Substance Abuse and Mental Health Services Administration (SAMHSA)	<a href="http://www.samhsa.gov">www.samhsa.gov</a>
Utah State Division of Substance Abuse & Mental Health	<a href="http://www.hsdsa.utah.gov">www.hsdsa.utah.gov</a>
Utah Substance Abuse and Anti-violence Coordinating Council (USAAV)	<a href="http://www.usaav.state.ut.us">www.usaav.state.ut.us</a>



## Substance Abuse Prevention in Utah

As far as the prevention of alcohol and the abuse of other drugs, the following information focuses on current practices.

The past ineffective approaches have been replaced by strategies based on research by Drs. J. David Hawkins and Richard F. Catalano at the University of Washington, in Seattle, in which risk and protective factors for adolescent substance abuse have been identified.

### Risk and Protective Factor Theory

Most people today can easily name at least some of the risk factors for heart attack: smoking, obesity, high blood pressure, lack of exercise, high cholesterol, family history of heart disease, etc. Public health agencies in America have done an incredible job of educating the citizenry about the behaviors and conditions which increase the likelihood of a person experiencing a heart attack.

In this same vein, recent research has uncovered a number of behaviors and conditions which increase the likelihood that young people will become involved in substance abuse and other problem behaviors such as delinquency, violence, teen pregnancy, and dropping out of school. After reviewing hundreds of articles which documented some of the precursors to substance abuse, Drs. Hawkins and Catalano compiled this information into a list of adolescent risk factors.

In addition, Hawkins and Catalano have determined that certain behaviors and conditions can serve as buffers against the identified risk factors. These behaviors and conditions are known as protective factors. Protective factors fall into three basic

categories: individual characteristics, bonding, and healthy beliefs and clear standards.

Several important concepts have emerged regarding these risk and protective factors:

- Risk factors affect all racial groups.
- Risk factors are present in all arenas of a youth's life: individual/peer, family, school, and community.
- Risk factors operate throughout various developmental stages – from before birth to adolescence.
- Risk factors are cumulative – the more factors present, the greater the risk.
- Risk factors are predictive, not causative. In other words, while the presence of numerous risk factors increases the likelihood of substance abuse or other problem behaviors, it does not guarantee that such behaviors will develop.
- Risk factors can be offset by protective factors.

The Risk And Protective Factor Model is now the basis of most effective prevention programming. We know that by reducing the risk factors and enhancing the protective factors in a young person's life, we reduce the likelihood of substance abuse and other adolescent problem behaviors developing. Prevention programs have been developed which are proven to reduce those risk factors and enhance protective factors, and therefore to reduce the incidence of substance abuse among youth. Such science-based programs are known as "Best Practices."

Based on this knowledge, the federal Center for Substance Abuse Prevention (CSAP) began to encourage the states to adopt only science-based programs which, after careful evaluation, demonstrate real reductions in substance abuse. CSAP issued a cluster of grants known as State Incentive Cooperative Agreements (SICA) which were awarded to the Governor's Office in each qualifying state. The purpose of these grants was twofold: to assure that the state implemented "Best Practices," and to unify the diverse prevention

efforts within the state. On October 1, 2000 Utah was the recipient of such a grant.

### The 7-Step “SICA” Model

The goal of Utah’s SICA Project is develop the capacity of local programs to look closely at local conditions before designing, implementing, and evaluating local interventions. (Recent work by the Utah State Division of Substance Abuse and Mental Health, with assistance from Dan Jones & Associates and Bach Harrison, has provided us with a wealth of data measuring the levels of risk and protective factors at the local level.)

This is accomplished through the adoption of the following simple 7-Step process:

1. Mobilize the community,
2. Conduct an assessment of risk and protective factors,
3. Prioritize risk and protective factors,
4. Conduct an assessment of community resources,
5. Identify gaps,
6. Select and implement “Best Practice” programs, and
7. Evaluate.

Each step of this process is driven by data and community input in order to design substance abuse prevention programs that really work! They demonstrate measurable outcomes, i.e., they show reductions in risk factors and increases in protective factors at the local level.

### Prevention Principles For Children And Adolescents

In addition to Risk and Protective Factory Theory and the 7-Step SICA Model, the National Institute on Drug Abuse (NIDA) has formulated and publicized a list of guiding principles for prevention services. These principles apply regardless of which specific curriculum, program, or activity is being provided:

- Prevention programs should be designed to enhance protective factors and move toward

reversing or reducing known risk factors.

- Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana and inhalants.
- Prevention programs should: include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency (e.g. in communications, peer relationships, self-efficacy and assertiveness) in conjunction with reinforcement of attitudes against drug use.
- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parents’ or caregivers’ component that reinforces what the children are learning – such as facts about drugs and their harmful effects – and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.
- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco or other drugs, are more effective when they are accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for sub-populations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.
- Prevention programming should be adapted to address the specific nature of the drug abuse

- problem in the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
  - Prevention programs should be age-specific, developmentally appropriate and culturally sensitive.
  - Effective prevention programs are cost-effective. For every dollar spent on drug use prevention, communities can save \$4 to \$5 in costs for drug abuse treatment and counseling.

These principles demand a great deal from prevention planners and implementers. Experience and research suggest, however, that without this level of attention, programs can fail to meet their goals.

Today, we take for granted (and rightly so!) Utah's commitment not just to treating substance abuse, but also to preventing it. However, it is worthwhile to note that the current level of prevention services provided in our state has evolved as the result of 2 important trends:

- 1) the accumulation of a sound and significant body of prevention research as described above; and
- 2) incremental changes to the service delivery system over many years.

## Prevention Dimensions

Prevention Dimensions is "Utah Safe & Drug-Free Schools and Communities PK12 School-Based Prevention Program." The mission of Prevention Dimensions is to provide a strong foundation of effective violence and substance abuse prevention strategies in Utah's schools.

Through teacher in-service trainings which go on throughout the state, teachers receive effective prevention resources and a positive prevention attitude they can implement in the classroom thus assisting students with important knowledge, self identity, social competencies and life skills. This prevention effort started in the early 80's as a joint effort between the State Division of Substance Abuse, the State Department of Health, the

State PTA and the State Office of Education. Throughout the years this prevention foundation has been enhanced and updated based on current research in effective school-base prevention. This program is a resource, which also assists teachers in teaching the state health core.

Prevention is an active assertive process of creating conditions and or personal attributes that move the individual towards well being.

Through the implementation of Prevention Dimensions in classrooms, schools will be fill in their piece of the prevention puzzle and assisting with reducing risk factors and promoting the critical protective factors of

- Clear and consistent messages
- Positive Role Models
- Healthy Life Skills
- Attachment and Bonding

In helping youth overcome the many obstacles they are faced with in society today they need to hear and see positive, consistent messages from multiple sectors of the community. Prevention Dimensions becomes the vehicle for schools to get this message out to young people.